MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 27853
Registered No. 110

1. PLACE OF DEATH

County: Saline — Registration District No. 796
Township: Marshall — Primary Registration District No. 3038
City: Marshall, Mo (No. 421 E. Arrow St. Ward)

2. FULL NAME Abiel Leonard

(a) Residence, No. 421 E. Arrow St., 2nd Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mittie Leonard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 24, 1851

7. AGE: Years 83 | Months 1 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired real
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: estate
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bunceton, Mo.

FATHER

13. NAME: Nathaniel Leonard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vermont

MOTHER

15. MAIDEN NAME: Hutcherson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Jos. Leonard, Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Ridge Park DATE: July 24, 1934

19. UNDERTAKER (ADDRESS): Vandiver Mortuary, Marshall, Mo.

20. FILED: 7/23, 1934 — Helen Hinton, Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-13, 1934, to 7-23, 1934. I last saw him alive on July 22, 1934. Death is said to have occurred on the date stated above at 7:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Uremia	
R.W.K.	

Other contributory causes of importance:

Chronic Prostatic Hypertrophy

Name of operation: none Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury:
Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Robert Lemmon, M. D.
(Address) Marshall Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

AUG 14 1934